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NO. 12

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating  
THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE  
AND THE CALIFORNIA MEDICAL JOURNAL

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O. C. WELBOURN, A. M., M. D., Editor

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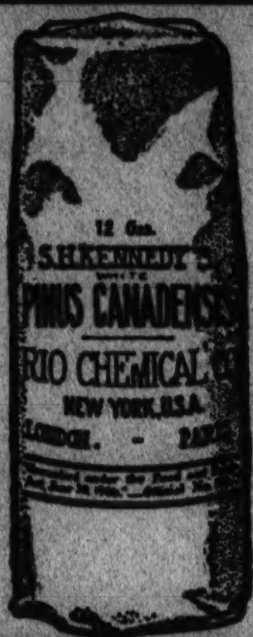
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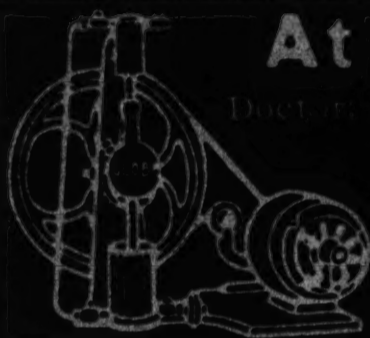
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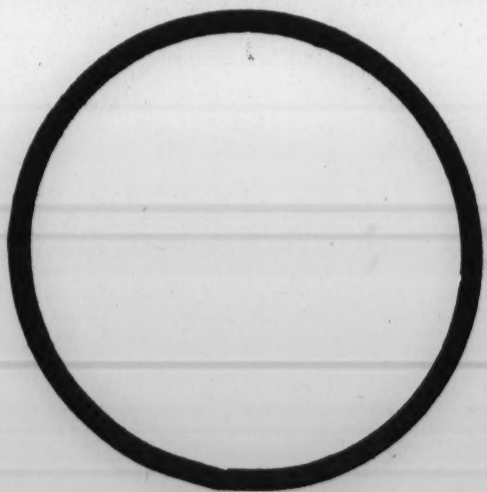
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# The California Eclectic Medical Journal

Vol. V.

DECEMBER, 1912

No. 12

## Original Contributions

### IN THE LAND OF THE CLIFF-DWELLERS.

J. A. Munk, M.D., Los Angeles, Cal.

The land of the Cliff-Dwellers embraces a wide scope of country and includes much of the territory that is watered by the Colorado, Gila and San Juan rivers and their tributaries. The region takes in most of Arizona and portions of Colorado, Utah and New Mexico. These four states join corners at right angles and is the only occurrence of the kind on the map of the United States. Owing to this peculiarity of union the junction is called the "Four Corners." Near this point the San Juan river cuts through three states for a short distance. Much of this land is yet a primitive wilderness, remote from the railroad and practically unexplored. The Navajo Mountain is the center of this wild region, which was recently dedicated by the government as a national park and named the Navajo Monument.

It is two hundred miles from the railroad and its nearest station is Gallup, New Mexico. Freighting by wagon is possible from this place to Payenta, over a long stretch of unmade desert road, but the trip is seldom made. The road as traveled is considerably longer than it would be on an air line, owing to the long detours and doubling back which it has to make in order to avoid broken ground and impossible arroyos. What little road there is is only local and, if followed, invariably leads the traveler astray and away from the main road. There is never any best road, seldom a good one and most of the way no road at all. Payenta is the end of the road, which is located in the northeastern corner of Arizona, in the heart of the Navajo Indian reservation and consists of a trading post and postoffice, kept by Wetherill & Coville. It is one of the last few remaining settlements on the Western frontier and, perhaps the farthest removed from a railroad of any in the United States.

The Navajo Indians are now the principal occupants of the land of the ancient cliff-dwellers, where they have held undisputed sway for centuries. They are a numerous people num-

bering more than 20,000 souls and are the last and largest of the wild tribes; but, like the rest of their kind, they too are destined eventually to be obliterated and absorbed into the universal melting pot of Uncle Sam. They lead a nomadic life, moving their habitation from place to place as the mood takes them; but are an agricultural and pastoral people, cultivate some corn, fruits and vegetables and own large flocks of sheep and goats and herds of horses and cattle. In stature they are well formed, being tall, straight and slender; have regular features and are dignified and reserved in manner. Some of the men are skilful silversmiths and the women are famous blanket weavers.

Like the Moquis they have frequent ceremonial functions, which include songs and dances and have a series of original drawings made of different colored sand, or sand paintings that are really works of art. Many of their ceremonies are employed for the relief and cure of the sick, for which service the patient and friends must pay the medicine man, who conducts the services, in barter according to their means. Their amusements are of a like character and consist of a variety of races, songs and dances that culminate in the great annual festival of the "Chicken Pull." They are clean and healthy for Indians and have white regular teeth, but use no tooth-brush. On the borders of their reservation where they come in contact with civilization they are gradually changing by adopting some of the white man's ways, but in the far interior they are much the same in their habits and customs as they were fifty years ago.

Gallup, New Mexico, on the Santa Fe Railroad, is a convenient point for starting on a trip into the Cliff-Dweller's country, as the route follows a chain of Indian trading posts, but without a single hotel in the entire distance. The first thirty miles to St. Michaels, where the Franciscan Fathers have an Indian mission, can be made in an automobile. If the road is at all fit for a machine, an automobile is certainly a fine conveyance for desert travel. It glides smoothly along, sturdily surmounts steep hills and the driver does not have to feel sorry for the tired horses on a long trip. Like the man of the seven league boots in the Munchausen story, who could lift himself uphill by his boot straps, so the auto proceeds to annihilate space and climbs hills without being weary. The Ford seems to be the favorite machine for the desert travel because of its strength and lightness and all around good service that it gives, as it can do about everything but fly.

Ganado, the next stopping place, is the home of Hon. J. L. Hubbell, who was to the manor born, has always lived on the frontier and is everybody's friend. He lives the life of the

old Patriarchs in the midst of his family and possessions, with a large retinue of servants to do his bidding. The traveler who has the good fortune to be his guest finds out what real hospitality means.

At Chin Lee, the mouth of the Canyon de Chelly, there is a government Indian school and the Fathers have another Mission. Canyon de Chelly is typical of cliff-dwelling abodes and contains many interesting ruins. As I had already been in the canyon on two previous occasions and, although it is worth repeated visits, I did not have the time to stop and see it again.

The next and last station of the long road is Payenta in the very heart of the Navajo nation and is the home of John Wetherill. This name has been familiar on the Arizona frontier for many years as the Wetherill Brothers have been active in exploring the country and were the original discoverers of many of the cliff-dwellings. His wife is also familiar with frontier life and speaks the Indian language as fluently as a Navajo. She has improved the opportunity of gathering at first hand a rich store of Indian lore, which she is preparing for publication. She has also succeeded in collecting a full set of drawings on paper and in colors of the wonderful sand paintings of the Navajos made by a native artist. These sand pictures are used as "medicine" in ceremonies for the sick which scientists for a long time have tried to get but have failed, as they are considered sacred and kept secret. Being far removed from civilization the Indians are very primitive, but are now rapidly changing since the county has been made accessible, by the government building a wagon road through Marsh Pass for travel from the interior of Arizona to the "Four Corners."

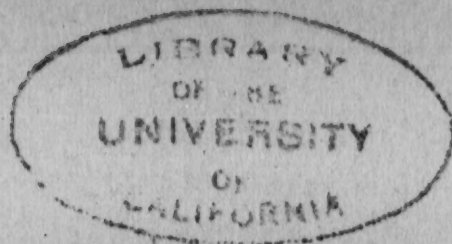
I outfitted for the trip at Ganado with a wagon and team of horses and an Indian guide on horseback to pick the road and show the way. Fortunately good rains had preceded us which had laid the dust, started the green grass and supplied an abundance of water, that enabled us to make a quick and safe journey to the newly-discovered cliff dwellings. Rainwater lakes were numerous and a suitable campground was found whenever we chose to stop. These shallow lakes soon dry after the rainy season is over when water is scarce, as there are no dug wells in the country nor streams of running water during the dry season and natural springs are few and far between. The water in the lakes was stained red by the soil, but was perfectly soft and sweet for drinking. Although much livestock grazed on the open range the water was never polluted. During the middle of the day the sun was hot, but in every other respect the weather was perfect. Camping out in

the rain is always disagreeable, as it gets everything wet, muddy and mussy, which unpleasant experience we were lucky to escape.

At Payenta we rested our team and refitted with fresh saddle horses and pack mules. John Wetherill was our guide to the cliff-dwellings and brought us safely through. After leaving the wagon road in Marsh Pass our course led us into Laguna Canyon, where the country is exceedingly wild, broken and rough, with no road but cattle trails. The main canyon has many pockets, spurs and side canyons, all walled in by high, perpendicular cliffs and cut up by deep, narrow winding arroyos which lead to confusion as to direction and location. There was scarcely a foot of good road to be found and we had to pick our way in and out of ravines, through deep sand and dense brush thickets and over rocky barriers that were almost impassable. The novice who finds himself in this predicament without a guide becomes completely lost, and even those who are familiar with the country sometimes lose themselves.

In former years before the soil began to cut into gullies, which happened twenty-eight years ago, the floor of the valley was nearly level and contained several marshy lakes which gave the canyon its name. A story is told as to how this change occurred. It is the custom of the Indians on the plains below to plant corn in the springtime, which requires irrigation during the dry season. Sometimes the water is scarce and the corn suffers. On one such occasion the owner of a cornfield was heard to express the hope that it might rain to break the drouth. On the same day the man went up into the canyon in search of some stray stock. During his absence from home, a thunder storm formed which resulted in a cloudburst that broke the natural dam which held the lakes and turned the water loose in a flood that destroyed the cornfields. Indian superstition at once connected the events of the day as being the work of witchcraft, and fate pointed out the man who made the wish as the guilty culprit who caused the disaster. In a few days the man was found dead, killed by his own people, who believed him to be a witch. This incident would make it appear that it is not safe for a Navajo to make a wish, even though it be good if it turns out bad. The tangible evidence of the flood can yet be seen in the large groves of dead willow trees that stand high and dry on the banks of the arroyos in the dry bed of the lake.

We now had reached the goal of our desire and found the cliff houses we went to see. We visited four of the larger ruins and found them to be as represented. Betatakin, or the hillside house, is nearest to the entrance of the canyon and is concealed in a large wall pocket that is completely hidden by a dense growth of forest trees. The next ruin is called Kitseal, or the



house of broken pottery, which is similarly located. The house contains 148 rooms in an almost perfect state of preservation and is reported to be the finest specimen of cliff dwelling yet discovered. A perpendicular path called the Moqui trail here scales the high cliff with notches cut into the solid rock for the use of the hands and feet in climbing the dizzy height, that is yet plainly seen, but has not been used in the memory of man. Farther up the canyon we explored two other large ruins that have not yet been named and saw some smaller houses at a distance. These are now being investigated; and we were fortunate to find the camp of Professor Byron Cummings and party of the Utah University, who were doing excavation work and making some good finds.

Nearly all of the large cliff-dwelling ruins that have thus far been found are located in three widely-separated sections, namely, Canyon de Chelly, Laguna Canyon and the Mesa Verde. They all resemble each other in type of canyon, architectural design, style of construction and similarity of environment. All of the houses are tucked away in caves on high cliffs in deep box canyons, where they are completely hidden from view. The location was seemingly carefully planned and deliberately selected in each case for a definite purpose and chosen for its isolation and seclusion rather than for defense. The walls are built of roughly squared stone laid in adobe mortar and are of an entirely different type of dwelling from those found in the Pajarito Park and on the Rio Grande, which are of the cavete type and cut out of solid but soft tufa rock into artificial caves of one or more connected rooms.

The genuine cliff house is always found in a natural cave on a high cliff that is difficult to reach. The natural floor of such a cave is not usually level, but sometimes slopes sharply down and out. To obtain a level floor the outside wall was begun on the sloping rock below and built up perpendicular to the required height and the empty space behind either filled in or roofed over to make the foundation. The sandstone cliffs where these houses are found are high and perpendicular and sometimes even overhanging, but are always massive and impressive. The caves are all formed in large, shallow semi-circles of a saucer shape, made by cleavage of the rock and weather erosion, with a talus of debris at the foot of the cliff. They all bear a striking resemblance to one another, as if made from the same pattern and were the remains of an ancient and forgotten art that caught the fancy of an imaginative and picturesque people, who appropriated these fascinating places for their habitations. These cliffs are likewise remarkable for their decorations, by being elaborately frescoed by weather stains in various designs and colors; and sculptured into many

figures and forms by a dual process of engraving and relief, as if done on a grand scale by giant mural artists. There is always found in the near vicinity of every cliff-house a permanent spring of good water and a patch of moist land suitable for farming. A cliff dwelling is usually large enough to accommodate several families, or perhaps even a village of considerable size. The several canyons previously mentioned are more than one hundred miles apart, and even the individual houses in the same canyon are widely separated, so that it required some time for the inmates to exchange neighborly calls.

Who were the cliff dwellers? This is a question that has often been asked but never satisfactorily answered. The opinion prevails that they were a much persecuted people and were driven to the cliffs for protection and that these houses served as forts and were a refuge for the inmates. Such a belief is purely an assumption and visionary and is not in accord with the known facts. There is no evidence that any serious fighting was ever done at any time or place, but apparently the houses were left fully furnished when the inmates disappeared. Many better positions for defense and more desirable in every respect from our point of view were available, but were ignored and only these peculiar cliff-dwelling sites chosen. The only plausible theory that seems to fit the facts is that the sites were selected from choice, just as all free people have done in every age and country since history was recorded. The Mission Fathers have diligently sought knowledge of the cliff-dwellers from the old men among the Navajos, who are the custodians of tribal legends, but without success, as they all claim that they have no information on the subject. The early Spanish explorers found those ruins in much the same condition that they exist today, and there is no means of knowing just how old they are.

There is a strong presumption, however, that the Moquis are the descendants of the cliff-dwellers, as they seem to have many characteristics in common; but, if so, no connected or complete history of their life has ever been written. Although the Moquis do not live in caves they live a separate and isolated life by themselves and do not want to mix with other people. They live alone in their few pueblos on high mesas in the desert, far from civilization. The government has for years held out many inducements for them to leave their homes on the mesas and occupy new houses built for them in the valley below, but without success. They prefer to live in the houses of their fathers, where they have always lived, and will never voluntarily make any change.

The cliff dwellers are just beginning to be seriously studied in the school of American Archaeology at Santa Fe and some progress is being made in collecting reliable data concerning them.

**CROUP.****W. C. Ament, M.D., Levita, Texas.**

(Read before the Texas Eclectic Medical Society.)

I will not enter into a complete discussion of this disease called croup; only enough to make a diagnosis, that is a differential diagnosis of the different forms, as most writers give mucous, spasmodic, membranous and diphtheritic. Some claim that membranous and diphtheretic are identical, but believe that there is a true membranous form that is not diphtheritic.

The mucous form is diagnosed by the difficult breathing, hoarse metallic voice and cough; some fever will usually be present; the parent will say that the child has taken cold. The main diagnostic point in this form is the rattling of mucous in the throat.

The spasmodic form will differ in that there may be no febrile reaction, no rattling of mucous. There will be exacerbations and remissions; the breathing sounds will be dryer and more whistling or a kind of crowing sound.

The membranous form at the beginning will be very much like the former, but grow progressively worse until the membrane is expelled or the child dies. This form can be differentiated from diphtheria only by the microscope, that is absolutely; but we can generally determine the latter form by the presence of the diphtheria in the country.

**Treatment.**

In all cases I believe it is good practice to clear the alimentary tract and keep it clean. For this I usually give calomel 1-10 grain doses every one-half hour until eight or ten are taken, following within four to eight hours with castor oil or salts. I find oil is usually better taken by children than salts, especially some of the aromatic kind. Sometimes podophyllin Irisin are combined with the calomel as indicated.

An enema of warm water once or twice a day will be necessary to keep the bowels clean. We will stop all nourishment except probably a little lemonade. We will also start in with the indicated sedative as aconite or veratrum if there is any fever. If fever runs high, as it sometimes will, a few doses of aspirin is admissible. In the mucous form ipecac will be added to the sedative in small doses, and if there seems to be a great deal of mucus in the throat given to emesis, gives prompt relief. Locally compound Stillingia liniment rubbed over the larynx is good.

Cold packs over the throat sometimes gives quick relief. Sometimes the warm pack of epsom salts water is better.

In the diphtheritic form I would give the antitoxin in 3000 with the Stillingia liniment, both internally and externally.

Giving one or two drops on little sugar every one-half hour until nausea is evident, then every one, two or three hours to keep the relaxation until relieved.

Inhalations are sometimes valuable, as of steam from boiling water with a few drops of turpentine or oil of eucalyptus.

In the membranous form, I would add the dark iodide of lime in 1-4 to 1-2 grain every one-half to one hour in hot water until relief or the expulsion of the membrane.

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Of course there are cases that medicine will not relieve. In such I would advise prompt intubation or tracheotomy.

### **SOCIALISTIC TENDENCIES IN THE PRACTICE OF MEDICINE.**

**E. A. Ormsby, M.D., Centerville, Cal.**

(Read before the California Eclectic Medical Society.)  
Doctors, Ladies and Gentlemen:

After consenting to present a paper at this meeting and casting about for a suitable subject for the same, it was some time before I decided its appropriateness to the occasion and venture the hazard of criticism. The subject is not a new one to the profession, for it has been referred to of late by different medical authors through the journals, so if I repeat some of those ideas already expressed, I beg your forbearance and appeal to a spirit of generous tolerance. I will rest content with any respectful attention you may give it. The subject of necessity reviews medical history, so I have referred to it in a general way only. A paper of this kind will not permit any detailed historical reference without becoming boresome. There are several good works on the subject of medical history. One of the best is Dr. Alexander Wilder.

Socialism as I understand it (in a broad sense, shorn of party politics), is a movement which has for its object the uplift and protection of civilized society and purposes to bring about a better social and economic condition, equalizing opportunity as far as it is practical and aiming to bring about the largest amount of good to the greatest number.

Taking a retrospective view of the practice of medicine, commencing fifty years ago and looking backward, we do not observe a very flattering picture of our medical forebears, or their medical practice, although for all the ignorance of medical knowledge as we know it, pervading all classes of those periods, yet there were some astute and intellectual giants, who contributed very largely to the medical learning of their times and by the wheels of progress they set in motion, made possible the

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present. All honor to the good they accomplished. They fought their fight under great difficulties and odds. Many were men with true scientific spirit, close observers, but the wheels of progress were clogged with a great mass of superstition, misleading theories and false philosophies, developing an almost impenetrable haze before their mental vision. Then the mechanical aids which have been such assistance to our progress were lacking in their time. They were surrounded by the retarding influences of heathen worship and practices. There is no telling the ages it has taken to reach our present development. Their ignorance of anatomy, physiology, materia medica and all the collateral sciences of medicine as we know them, developed many theories by the authorities of the times, who gained many adherents to their beliefs, who eventually formed a society or school practicing their peculiar system of medicine. As a natural result, there arose bitter animosities, the differences of opinion grew wide apart until the gap could not be bridged. It has taken us two thousand years to break loose from the shackles of ignorance, superstition and false philosophy, in which idol and heathen worship placed us and in which Christianity found us and are just now entering a new dawn.

It is said, "A civilization is no farther advanced than its medical learning." If that be true, I fear our dawn will be somewhat extended, before we reach the daylight of better things, for there yet remains a great deal to be done, in gathering together our scattered forces into one truly scientific body and there is yet a great deal to be undone and discarded as obsolete, a grading or separating of the wheat from the chaff, the kernel from the shell. Still I can observe the rapid advance of that progress in medicine which is eliminating and will continue to discard the undesirable and useless for things which serve for the greatest good to life and health. I venture to say, there is a good deal of the cart before the horse left in the present practice of medicine. "It is a great art that cures the man after he gets sick, but it is a greater art that keeps him well."

The excessive commercializing of the profession must be stopped. Graft and charlatanism must be purged out. The profession of medicine needs men of soul, high ideals and lofty aims, men who seek the cause of mankind and not cheap glory and the dollar, and until we have found a sufficient number of such men, who seek to do the greatest good to the largest number, the dawn will stay with us. In reviewing the past of our medical progenitors we can forgive in a measure their blunders and mistakes, knowing the darkness in which they groped, we can sympathize with them in their trials and taste with them the bitterness of feeling created by opposing beliefs, jealousy and misunderstanding, for it is remembered only a few years

past a similar feeling existed between the contending and opposing schools in this country and not until quite recently has there been any signs of settling their differences and harmonizing their interests. There is a great howl about trusts in this country and a half-hearted movement on the part of some people to disorganize them and return to the old competing, costly and wasteful methods of doing business. You hear a good deal about a medical trust these days. Do you want to break up the trusts? No! but control them, so they will work the greatest good to the largest number. Make the so-called medical trust do the same. Do we realize this government is a great big trust and not far distant will be a bigger one and rapidly drifting toward the trusts of constructive socialism? What has brought about this socialistic tendency in medicine? The light of science, which has developed a broader mental vision and brought about a more tolerant disposition, based on undisputed facts. As we have observed, the differences of opinion, jealousy and misunderstanding have served to keep apart the opposing forces of medical practice, working in ignorance, so have the contending forces been laboring under similar influences in our day, but science has changed matters some, even to the transmutation of elements. That which was theory, is proven fact, accepted by all. Allopath, Homeopath and Eclectic, all have contributed to this science of medicine and the fact is accepted by all. Surgery has become a fixed science, or nearly so and so acknowledged. All schools have proven the worth of serum therapy.

Materia medica is rapidly becoming standardized and the time is not far distant when drugs of a fixed value only and proven by exhaustive clinical tests, will be used in the treatment of the sick and diseased. The laboratory is rapidly eliminating all guess-work in diagnosis. No one disputes the facts of microscopy. The success of science, in destroying so much of the theory and guess-work in the practice of medicine, must in time, destroy all differences of school and harmonize the differing interests, into one united body, for advancement and economy, promoting the best in all, for the good of all. There is another part of this medical science, a natural outgrowth, which is rapidly coming to the front, one on which all agree, one which bears greater promise of the future, health and well-being of mankind, than all the rest. "An ounce of prevention is worth a hundred pounds of cure." This new science, if it may be so termed, is Hygienic Sanitation and preventive medicine. I can see in that a united medical fraternity, working for the common good of all classes of men. In it I can see the languishing of graft, charlatanism and quackery. The possibilities of this science are exemplified in the wonderful achieve-

ments accomplished, during the late wars and the digging of the Panama canal.

If the high standard of health can be brought about by applying this science under such unfavorable climatic influences and surroundings, as existed in the Panama canal zone, what can be accomplished in more healthful conditions and favorable climate? The day of good things is surely coming for mankind in general.

Doctor, we have a great work ahead. "Civilization is no farther advanced than its medical learning." Let us prove the statement by a future medical socialism, built on a strong Christian foundation. The practice of medicine is becoming rapidly socialistic. "He who does not keep up with the race falls behind."

Let us build a greater Eclecticism. The world is rapidly becoming Eclectic and also socialistic. Let us prove worthy followers of a noble cause, men and women who will not stoop to illegitimate acts for any price, who possess a conscience and a soul in dealing with their fellow-man and a heart which beats with human sympathy, and we are bound to win. The world is waiting for such a school of doctors.

### DIAGNOSIS OF ASCITES.

Dr. O. C. Welbourn, Los Angeles, Cal.

(Read before the Los Angeles County Eclectic Medical Society)

In the consideration of this subject it is essential to recognize clearly that it is not a disease, or even a symptom of a disease. Rather is it a physical sign which suggests one or more of a great number of pathological conditions; and it is from this point of view that I shall call your attention to it.

Ascites is caused by a transudation or exudation from some portion of the peritoneum. It is characterized by a collection of fluid within the peritoneal cavity. If the quantity of this fluid be of moderated amount, it will flow into and bulge the lumbar regions, producing upon percussion an area of dullness in those localities when the patient is placed upon his back. The intestines, because of the gas contained therein, will float upon this fluid and be forced toward the median line, producing upon percussion an area resonance of about the umbilicus. Furthermore, if the patient be placed upon his right or left side, the fluid will answer the law of gravity and seek the lower side, while the gas is forced to the upper side, and the respective areas of dullness and resonance will shift in a like degree. However, if the quantity of fluid be small, an appreciable length of time must elapse after a change of position before it will be found in its new location. Sometimes it is even necessary to

place the patient in the knee-elbow position and allow the fluid to collect about the umbilicus before the presence of a small quantity can be positively determined. Should there be a large collection of fluid together with a short mesentery, the fluid may overlies the intestines and the resonance is thereby lost; though it may be recovered by making deep pressure in the median line and displacing the fluid. With such a patient in an erect position, by placing a hand upon one side at the level of the surface of the fluid and succussing the opposite side a wave may be felt to break upon the hand somewhat as waves break upon the seashore. But if there be a good deal of soft abdominal fat, the wave therein may be confused with the true ascitic wave. The possibility of this error may be eliminated by having an assistant press the ulnar side of the hand quite firmly into the subcutaneous fat in the median line. In addition to these physical signs, there is sometimes employed aspiration of the peritoneal cavity, a procedure somewhat hazardous, and we believe quite unnecessary. Advocates of this operation lay great store upon the information to be gained by an analysis of a specimen of the fluid obtained, claiming to determine the pathology thereby. To our mind the accuracy of such findings remains to be proven.

It sometimes happens that ascites is confused with pregnancy, uterine tumors, ovarian tumors, a distended urinary or gall-bladder, pancreatic cysts retroperitoneal tumors, etc. But if we bear in mind that in ascites the fluid is free in the peritoneal cavity, such errors would not occur. As an exception to this rule we have seen one case in which a previous peritonitis had agglutinated the intestines to such a degree that the fluid was collected in pockets and it consequently did not fulfill the tests for a free fluid. Such a case would present well-nigh insurmountable obstacles to a correct diagnosis.

The most common cause of ascites is an obstruction in the portal circulation. This may be in the liver, as a cirrhosis, in the vein, as a thrombosis, or in a sense extraneous, as a tumor pressing upon and partly obstructing the vein.

Irritation of the peritoneum will excite an increase flow of serum with a resultant ascites. In this connection, we think of a malignant or tuberculous disease of any of the abdominal organs; ulcers of stomach or intestines which have reached the peritoneum; ruptured ovarian cyst; degeneration of uterine fibroids, etc.

Renal and cardiac diseases frequently produce ascites, but it is secondary to an anasarca, which is the predominant physical sign.

Elaborate tables might be prepared showing the differential diagnosis of each of these conditions from ascites, but it seems to the writer that the above is sufficient.

**GENERAL TREATMENT FOR THE VARIOUS DROPSIES.****George C. Taylor, Bettie, Texas.**

(Read before the Texas Eclectic Medical Society.)

**Mr. President and Members of the Texas Eclectic Medical Association:**

The subject assigned me, if thoroughly treated, would make a small volume, and would occupy more time and space than we have here to spare. Therefore I will only try to present to this assembly in a general way a general treatment that I have successfully used for the past twenty-five years. Dropsies are too well known to the profession to spend but little if any time in describing the malady; however, there are quite a variety; yet, to boil it down to solid facts, there are but two varieties, viz: aqueous and catarrhal. These varieties are treated in a general way the same, although we have no panacea (for each case must be treated to meet the several indications as they arise). The treatment which I shall here advise is applicable in all cases,, with slight modification.

Treatment: Crude Squills parched; (as parched coffee in the old fashioned way). Grind to a coarse powder, mix with honey, make pills or balls the size of a partridge egg, or one half inch in diameter, give one at 6 p. m. one at 9 p. m. and the other at midnight; follow in the morning with teaspoonful doses each of Cream of Tarter and Epsom Salts every three hours until copious watery purgation is produced. Repeat this every third day or twice a week. During the intervals give tonics of Iron, Strichnine and Quinine; support the heart with Digitalis and Strichnine during the treatment and if heart is weak continue Digitalis all the time.

If the dropsy is of catarrhal variety give Arsenite of Strichnine or Fowler's Solution of Arsenic and apecynum. Meet all indications as they arise with a proper remedy, as elimination is the only way to get rid of diseases; see that all channels of elimination are kept open by frequent saline baths and diuretics, etc.

The treatment of this as well as most diseases are not confined to medication alone, therefore, diet is one of the main treatments, such as best suits the individual, but let it be of nutritious and easily assimilated kind. Fruits of an acid flavor are desirable, and meat extracts, eggs, etc.

Allow the patient to take all the outdoor exercise that can be taken without worry.

Let his sleeping apartment be well ventilated, and if patient is not too old, you will be proud to note a speedy recovery in about 90 per cent.

But I find that dropsies in any form, especially catarrhal, in persons over 60 years of age, are hard to treat, and the mortality is just about 90 per cent.

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

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## PAY TO BE KEPT WELL.

There is met, occasionally, a loud mouthed person who is roaming over the face of the earth and shouting that doctors keep people sick for the revenue to be obtained. Usually he is just a plain every day blatant demagogue. Rarely he is sincere, and then advocates that doctors should be paid a stated sum per month so long as the patient is well, said payment to cease so long as the patient is sick. Quite fervidly he will allege that our present time-honored system is all wrong, and that we at once should adopt the so-called Chinese system, or, in short, exactly heverse our present custom. Being obsessed with this thought, he can see but one side of the question, and preens himself upon being a reformer—a man destined to overthrow things. As occasion offered we have suggested to those people that this is a free country and there is no law to prevent them from making such an experiment upon their own persons; and that while we personally feel somewhat biased in favor of the existing customs, yet there are plenty of doctors who would be willing to lend a helping hand for a year, just to see how the scheme would work out. But, alas! the suggestion is too small. Your average reformer deals in big things, even though they are vain imaginings. He wants a law to force everybody to do what he personally thinks is the right thing to do.

**MEDICAL RECIPROCITY.**

Two years ago we personally appeared before a committee from our State Legislature and advocated a reciprocity clause for our medical law. We don't believe in our present "dog in the manger" policy, and said so. The amendment did not pass, but is still a live question, as is shown by the following extract:

In the September number of the California State Journal of Medicine is an editorial as follows:

"Why do so many physicians want to come to California?" A year or two ago, when the matter was looked into, it was found that there was one doctor to about every 400 of population; and several hundred doctors have come in since then. For the August, 1912, examination of the State Board of Medical Examiners, 202 applications had been received up to the time when the books close under the law, two weeks before the examination. Of these 194 had filed satisfactory credentials and eight were pending investigation at the time of writing; we may safely say that at least 200 will take the August examination. If the average number pass, we will have 150 or more newly licensed physicians in an already over-supplied State. Why is it? Moreover, the Governor has said—or at least he is quoted as having said—that he was anxious to have the next legislature pass a very liberal reciprocity amendment to the present law regulating the practice of medicine; an amendment that would permit any physician licensed in any other State to come to California and practice. That would mean no medical law whatever, practically, for any one with a diploma can get a license in some State and then come here and the law would permit him to practice upon an ignorant public, no matter how poorly qualified he might be. It is commonly said that the legislature which is to convene in January will pass any law the Governor desires, and if that is true then we can be quite certain that California will become, next year and thereafter, the veriest dumping-ground in the world for quacks and half-baked, ignorant, poorly equipped doctors. The people will, of course, suffer for it, but unfortunately they will not find this out till it is too late; and the general rank and file of the profession will be accused of permitting the disaster to occur, when in fact it is the people themselves that will have permitted it."

"Why do so many physicians want to come to California?" Why did the editor of the California State Journal of Medicine want to come to California? About the time he came, it was reported that there were but two hundred people to each doctor in some counties. This custom of publishing the proportionate number of people to each doctor is an ancient and ob-

solete lament. Suppose several hundred doctors have come in since "a year or two ago?" So have several thousand other people. We are encouraging people to come, by every known means. Why should the doctors be excluded? They will not hurt the editor's practice any and but very few of them would have his job.

The Governor of California knows that California is bitterly censured for its "dog-in-the-manger" policy in regard to reciprocity in the matter of medical license. He is determined to have a square deal. Being a very well informed and skillful attorney, he is by far better able to judge concerning a good, sound State medical law, than any individual who has ever had anything to do with drafting such a law before this time.

Anyone with a diploma cannot "get a license in some State," without passing an examination which must be up to an agreed standard, if it is to avail anything as a means of getting a reciprocal license. We do not think the public in California "an ignorant public." We have been in many parts of the State, from the mountains to the valleys, from the Nevada line to the ocean. California is inhabited by a population far from ignorant. A doctor now-a-days who serves this public has got to know something or travel elsewhere. We are proud to live in a State which can boast so intelligent a public.

We do not believe that the chief executive of the State is the sort of man to advocate or to sign a bill, which on becoming a law would make "California become next year and thereafter the veriest dumping-ground in the world for quacks and half-baked, ignorant, poorly equipped doctors." We do believe that the chief executive will advise that a law be passed that will raise California to the same standard as that of some of the Eastern States, instead of the grotesque statute which we now have, which neither fixes a standard of preliminary education pursuant to the study of medicine, nor a fixed standard as a basis on which to grant a license after graduation. A law so loosely drawn as to permit a board of examiners, if they choose, to do about as they please, individually, or collectively, with applicants for license; a law that in its essentials means nothing in many of its parts, but is presumed to "automatically change itself" according to the whim of the "Association of American Medical Colleges," a non-resident association, ignored by many of the largest schools outside of California. The law does not bind us to follow the constitution and by-laws of the above-mentioned association, but permits the State Board of Examiners, if they choose, to pretend that it does. We believe that the chief executive of this State will advocate the wiping out of any such monstrosity of a law and the enactment of a good, sound law in its place.—E. H. S. in Pacific Medical Journal.

### **SOCIETY CALENDAR.**

National Eclectic Medical Association meets in Dallas, Texas, June, 1913, Dr. F. L. Wilmeth, Lincoln, Nebraska, President; W. P. Best, M.D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1913. A. Florence Temple, M. D., San Francisco, Cal., President; H. F. Scudder, M. D., Redlands, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May, 1913. Oran Newton, M.D., Long Beach, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. B. R. Hubbard, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

### **LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.**

The regular monthly meeting of the Los Angeles County Eclectic Medical Society was held on November 5th, at 8 p. m. at the College.

In the absence of the President, Dr. Beard was selected to act as chairman.

The paper of the evening was entitled "Diagnosis of Ascites" and was written by Dr. O. C. Welbourn, who was unable to be present, so the paper was read by the Secretary.

Discussed by Drs. Smith and Baird.

Dr. Munk read a letter from Dr. H. T. Webster, Oakland, concerning certain medical legislation contemplated. Action on said communication to be deferred until next meeting.

Next meeting will be December 3rd, when Dr. Roath will read a paper. Dr. Fullmer will present a paper at the January meeting.

Adjournment.

J. BEARD,  
Pres. pro. tem.

P. M. WELBOURN,  
Sec'y.

### **STATE SOCIETY NEWS.**

Below is published a list of the Section Officers for our next Annual Meeting, which is to be held in San Francisco, May 27, 28 and 29, 1913.

#### **Section I.—Practice of Medicine.**

President, Herbert T. Webster, M.D., Oakland, Cal.  
Secretary, Judson Liftchild, M.D., Ukiah, Cal.

**Section II.—Surgery.**

President, George G. Gere, M.D., San Francisco, Cal.  
 Secretary, B. R. Hubbard, M.D., Los Angeles, Cal.

**Section III.—Materia Medica and Therapeutics.**

President, J. T. Farrar, M.D., Berkeley, Cal.  
 Secretary, Oran Newton, M.D., Long Beach, Cal.

**Section IV.—Gynaecology and Obstetrics.**

President, W. A. Harvey, M.D., San Francisco, Cal.  
 Secretary, Ira A. Wheeler, M.D., Healdsburg, Cal.

**Section V.—Pathology, Bacteriology and Serumtherapy.**

President, Charles Clark, M.D., San Francisco, Cal.  
 Secretary, Pina M. Welbourn, Los Angeles, Cal.

**Section VI.—Electro Therapeutics.**

President, E. H. Mercer, M.D., San Francisco, Cal.  
 Secretary, W. M. Forster, M.D., San Francisco, Cal.

**Section VII.—Pediatrics.**

President, H. C. Smith, M.D., Los Angeles, Cal.  
 Secretary, H. V. Brown, M.D., Los Angeles, Cal.

**Section VIII.—Eye, Ear, Nose and Throat.**

President, H. W. Hunsaker, M.D., San Francisco, Cal.  
 Secretary, J. C. Solomon, M.D., Los Angeles, Cal.

Each man has willingly promised to undertake the work assigned to him by the President, and if good, conscientious, well directed effort has a tendency to insure a good program, we certainly should have a mighty fine one at our next meeting. Now of course it is ridiculous to expect these few men, no matter how willing they may be, to sit down and write all the papers that will be read at the meeting. They will require help from each individual member to make their various sections a success. So consequently when you are solicited for a paper, don't throw the letter aside, nor consign it to the waste paper basket, but make up your mind then and there to do your part and prepare a paper. Don't give any excuse "that you have never written any paper;" that "you think you will be unable to attend," etc., etc. The thing to do is to help the Section Officers by preparing a paper, and if on account of any dire misfortune you are unable to be present, send the paper to the Secretary of the Section. We need good papers. If they are not read at the meeting by the Secretary of the Section, they will be published in the Journal throughout the year, thus giving the other fellow who is unable to attend a chance to read them. There is nothing selfish about our Society. We not only want every member to have a "say-so" in the management, but also to share in the good things the

other fellow may have concealed up his sleeve. Give us short, snappy, up-to-date papers; papers that are not only interesting but instructive to the rest of us. Write of anything that you think will prove interesting and provoke discussion; some case probably that you have had during the year. Remember, as I said before, it is impossible to have too many good papers. Another thing, when you receive your new calendar for 1913, turn to the month of May and mark the figures 27, 28 and 29, in red ink, just the same as a holiday, because these three days should be the biggest holiday of the year for all of us. It is not only a pleasurable but a most profitable holiday for any physician to attend his annual state meeting. To get away from the routine and hard work of business, to come in contact with and meet other men who have probably hustled as hard as you have during the year, to see how others do business, pick up new ideas, etc., and in this interchange of ideas each one will be the gainer. You will find that the time and money expended in attending your state meeting is well spent and will prove a mighty good investment. The State Society is in very good shape at present. We have been able not only to maintain our increased membership that has been built up in the past few years but have been adding new members since our last meeting and confidently expect to continue to do so. What we ask now is that each individual member should do his part regarding the program and resolving to attend the annual meeting.

H. FORD SCUDDER, M.D., Sec'y.

#### COLLEGE NOTES.

Herbert T. Cox.

Saturday, November 9th, being Dean Munk's birthday, the students planned a surprise for him. They all met at the Pacific Electric Station and entrained for Compton on the 12:40 p. m. car. Arriving at that place, they began the march of invasion upon the Munk barracks and consequently the College Botanical Garden. The party marched in and occupied headquarters while the Dean was out on a tour of inspection beyond camp. Then he was quietly signaled by wireless to return and upon entering, he found that his forces were completely outnumbered, and he immediately declared a truce and surrendered the whole of the barracks including his foraging grounds in near proximity.

Even volunteering to guide the invaders to the most delicious supplies such as figs, Concord grapes, peaches, etc., which they eagerly devoured after their long march. Not only did he do this, but also pointed out all the medicinal herbs of

which he knew the locality, which would have proved very effectual ammunition in their hands against the great common enemy had he dared attack any after such a sumptuous forage of fruits. Returning to headquarters a great feast was found, all prepared by the commissariat department out under the shade of the trees.

Just before undertaking this task the commander of the invaders called the Dean forward and after reviewing a few facts which aroused his curiosity, presented him with a set of six volumes from the Student Body of the College. The books are on subjects along the line of Climatology and Natural Science. After the feast the different persons spent the remainder of time sight-seeing, and in athletic contests and after a pleasant time, retreated to their city quarters.

Tuesday evening, November 12th, the Student Body held its first meeting of this year. A good proportion of the students were present, as well as some of their friends. The business meeting was postponed until a future date, as the main attraction of the evening was the initial trial of the New Spencer Delineoscope which had just been installed by Braun & Co. The cost price was raised by subscription among the students and professors last term but the scope was not installed until now because of the delay caused by the overcrowded workrooms of the manufactory.

Professor T. C. Young gave an illustrated lecture, with the Delineoscope, entitled: "A Prospective Student and his Progress," in which he traced the young man across the continent from the East to Los Angeles, to the College where he interviewed the Dean, matriculated and sat listening to lectures on Anatomy, Histology, Pathology, Bacteriology, etc., and finally to his room one evening where he found him sleeping over his books and dreaming of meadows and pastures green at home.

All of this town was shown on the screen by means of lantern views, opaque projections from cards or books and real mounted slides of tissues thrown through the microscopic attachment. Its usefulness in the lecture room was shown by the great range of material that may be called into use for illustration by being able to rapidly change from one method of projection to another.

R. W. Prince, R. F. Wirick and F. N. Fox are late additions to our number.

We are sorry to state that Professor Hubbard, who has been professor of surgery for five years, has resigned on account of ill health. His place is being filled at present by Dr. J. L. McLaren.

The Seniors miss Professor Holman from his lectures these days while he is recovering at the Westlake Hospital from an appendicitis operation.

#### NEWS ITEMS.

Dr. George Moe, Chicago, was in the city recently, having accompanied his family to California and established them in a home for the winter. The doctor has returned to Chicago with regrets, we believe.

Dr. Wm. McLeod, Santa Ana, was a recent caller in the city.

Dr. H. Ford Scudder has made his usual weekly trips to the college, and on one of these trips brought a surgical case to the Westlake Hospital.

Dr. O. C. Welbourn was in San Diego on professional business last month, and brought greetings from our good friends in that city.

Dr. E. R. Harvey, Long Beach, has returned from a six weeks visit in the East, where he did post-graduate work.

Dr. W. F. Holman, who came to Los Angeles a year ago, has been very ill in the Westlake Hospital but is now convalescent from an operation for acute appendicitis.

Dr. Q. A. R. Holton, Whittier, paid us a visit last month and reports that he is feeling fine, and getting back to work after a long vacation and very serious illness.

Dr. J. B. Mitchell, San Francisco, makes us feel happy by sending a renewal for two years to the Journal.

Dr. E. H. Mercer, San Francisco, sends one dollar to the Journal. The Doctor has changed his address quite recently to 111 Ellis Street, San Francisco.

Dr. A. D. Tilden, Riverside, sends his renewal to the Journal and says so many nice things that we will probably feel cheered up until next year.

Dr. F. Leix, Sonoma, Dr. E. C. Pace, Osawatomie, Kansas, Dr. M. S. Kelliher, Lompoc, Dr. J. T. Colliver, San Bernardino, Dr. F. S. Peck, Oklahoma City, Mrs. Dora Z. Swapp, Azusa, and Dr. G. B. De Barr, Chicago, have remitted during the month.

For Sale—Office equipment and furniture of \$1,500 value with practice of \$3,500 cash resulting from patronage of the best families in one of the best towns in California, for the price of office equipment and introduce my successor. Address, M.S.K., care California Eclectic Medical Journal.

Dr. M. Hoops of Burton, Nebraska, made a hurried trip to the Pacific Coast and a brief visit at Los Angeles. He came with his brother, who has incipient consumption and has come West to try the healing climate of Arizona.

~~326~~  
~~318~~

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O. C. WELBOURN.

Sworn to and subscribed before me this 5th day of October, 1912.

EDNA L. BURKHART,

Notary Public in and for the county of Los Angeles, state of California.

(Seal) My commission expires July 2, 1914.

VOL. V

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating

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Medicine

AND

The California Medical Journal

(Published by the California Eclectic Medical College)

1912

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O. C. WELBOURN, A. M., M. D., Editor

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INDEX BY SUBJECTS.

A Brief Study of Two Mineral Remedies.....	64
Achillea .....	8
A Demonstration in Materia Medica.....	89
A Few Words from the President.....	77
Alphozone .....	116
A Medical Olla Podrida.....	194
Amygdalus Persisa .....	93
Annual Convention of the State Society.....	46
An Unusual Case of Pregnancy.....	118
A Plea for the Genito Urinary.....	83
Arthritis .....	94
Attend Your Societies .....	130
A Visit to Doctor Kunze.....	35
Before and After Labor.....	4
Beggars .....	42
Better Days for Eclecticism.....	226
Brain Fag .....	128
California Eclectical Medical Society.....	20, 206
California State Board Questions.....	123, 11, 254
Cancer .....	143
Cancer and Sarcoma; the earthworm their original host.....	73
Cancer, Its Medical Treatment.....	246
Cases Treated with Lobelia.....	273
Castle Hot Springs.....	59
Christian Science and the J.A.M.A.....	249
College Notes.....	21, 47, 79, 109, 134, 157, 183, 209, 237, 296, 315
Commencement Address .....	164
Common Colds .....	86
Corn Oil .....	9
Criticisms of the Hippocratic Oath .....	147
Croup .....	305
Diagnosis of Ascites.....	307
Diphtheria .....	276
Echafolta in Septicemia .....	174
Echafolta in snake bite.....	203
Electric Medicine .....	55
Endo-Cervicitis—Treated with Electricity.....	53
En Route .....	69
Epidemic Hysteria .....	233

Flexner's Report Condensed .....	17
Foreign Letter .....	100, 139
Freak California Weather.....	114
Fruit Diet .....	284
General Treatment for the Various Dropsies.....	309
High Frequency Currents.....	27
Hints and Winnowings.....	44
Importance of Right Soil for Medicinal Plants.....	113
Impressions of our State Meeting.....	117
In the Land of the Cliff Dwellers.....	297
Is Echinacea All Right?.....	176
Joseph Rhodes Buchanan.....	34
Los Angeles County Eclectic Medical Society.....	
.....	19, 46, 77, 106, 132, 177, 205, 234, 261, 286, 312
Larvicides in Action .....	287
Medical Freedom .....	107
Medical Reciprocity .....	311
News Items.....	23, 49, 80, 111, 135, 159, 184, 310, 238, 363, 297, 317
Notes at Random.....	269
Obituary .....	78
Our Bubonic Plague .....	260
Our Fight for Existence.....	213
Our Societies .....	72
Pay to Keep Well.....	310
Peri-Rectal Abscess .....	267
Personal Experience with Boils.....	241
Philosophy of Life.....	156
President's Address .....	137
President's Annual Address.....	187
Pure Milk .....	204
Rates to the National.....	133
Remarks on the Diarrhoea of Children.....	224
Report of a Single Case of Eclampsia.....	88
Resolutions .....	262
Santonin .....	1
Scientific Diagnosis—Wrong Three Times Out of Four.....	232
Scientific Medicine and Symptomatology.....	279
Sex Hygiene Resolutions.....	106
Socialistic Tendencies in the Practice of Medicine.....	304
Society Calendar .....	105

Some Unreasonable But True Cases.....	62
Stamping Out Tuberculosis .....	7, 37
State Society News.....	108, 312
Students, Attention .....	176
Suppurating Cervical Lymphatics.....	218
Texas State Eclectic Medical Association.....	235
The Death Penalty a Relic of Medieval Barbarism.....	221
The High Frequency Current.....	172
The Irregular Practician .....	121
The Medical Trust .....	130
The New Diagnosis .....	170
The New Fashion of the Surgeon.....	151
The Physician .....	92
The Practical Study of Materia Medica.....	145
The Present Therapeusis, Diagnosis and Prognosis versus Eclectic Practice and Medicine.....	282
The Prevention of Post-operative Hermias.....	120
The Reality of Drug Action.....	142
The Saving of Human Life.....	252
The Successful Teacher .....	16
The Surgery of the Tonsil.....	189
The Time Approaches.....	133
To Bathe or Not to Bathe.....	155
Travel and Convention Notes.....	206
Vaccination by Cauterization.....	68
Visitors in the Sick Room.....	150, 169
Welcome Address .....	188
Well Said .....	104
What Is the Matter with the Profession?.....	43
Who Shall Teach? .....	153

# INDEX BY AUTHORS.

Abbott, F. W.....	121
Alliott, H. ....	68
Alter W. M. ....	147
Ament, W. C.....	305
Bailey, E. P.....	221
Baird, A. P. ....	116
Baker, J. B. ....	203
Barbrick, J. F. ....	189

Beard, J. ....	55, 118
Bettencourt, M. F.....	142, 252
Blankmeyer, N. H.....	4, 241
Brown, H. V. ....	137
Bullington, P. F.....	86
Burnett, J. A.....	9, 172
Cole, I. V. ....	83
de Monco, A. ....	27
Eastman, M. E.....	267, 53
Fearn, J. ....	113, 169
Fyfe, John Williams .....	93
Hayden, E. ....	188
Hubbard, B. R. ....	94
Huckabay, W. L.....	273, 276
Jones, E. G. ....	145
Kirk, C. D. R.....	62, 128
Kunze, R. E.....	34
Laws, Ovid S.....	7, 37, 170
Liftchild, J. ....	194
Neiderkorn, J. S.....	174
Mather, E. ....	143, 92
McCuistian, C. H.....	224
Munk, J. A.....	1, 8, 35, 59, 89, 114, 226, 297
Ormsby, E. A.....	304
Sinclair, R. Munda.....	88
Smith, H. C.....	213, 279, 249
Steadman, Col. J. J.....	164
Taylor, G. C.....	309
Tuckler, A. S.....	246
Webster, H. T.....	69, 100, 139, 218, 269
Welbourn, O. C.....	120, 307
Willard, J. F.....	64
Vandre, H. ....	187, 282

INDEX OF ILLUSTRATIONS.

Blankmeyer, H. H.....	Opposite 213
Cooper, M. A.....	" 213
Gates, Rosa B.....	" 213
Temple, A. Florence.....	" 187

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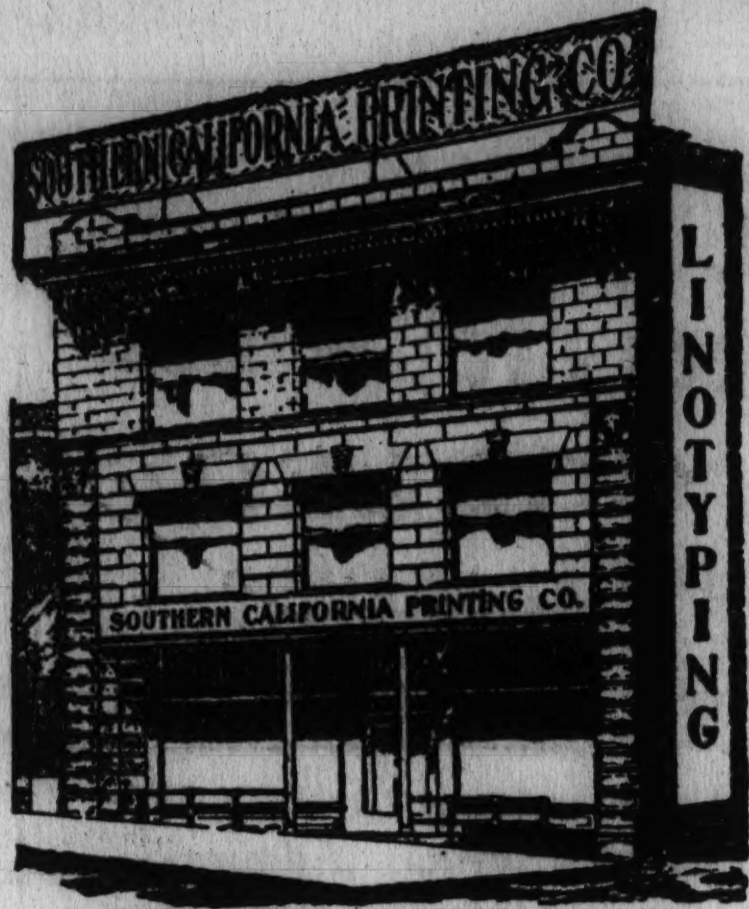
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## Table of Contents

ORIGINAL CONTRIBUTIONS:	Page
In the Land of the Cliff-Dwellers, J. A. Munk, M.D. ....	297
Socialistic Tendencies in the Practice of Medicine, E. A. Ormsby, M.D. ....	304
Croup, W. C. Ament, M.D. ....	305
Diagnosis of Ascites, O. C. Welbourn, M.D. ....	307
General Treatment for the Various Dropsies, G. C. Taylor, M.D. ....	309
EDITORIALS:	
Pay to Keep Well .....	310
Medical Reciprocity .....	311
SOCIETIES:	
Los Angeles County Eclectic Medical Society .....	312
State Society News .....	312
COLLEGE NOTES .....	315
NEWS ITEMS .....	317
ANNUAL INDEX .....	321

## Index to Advertisers

American Apothecaries Co. ....x	John B. Daniel.....iv
Antiphlogistine, Denver Chem. Co...i	Katharmon Chemical Co.....iii
Battle & Co.....viii	Kress & Owen Co.....v
Bovine Company .....vii	L. A. Eclectic Polyclinic.....iv
Bristol-Myers Co .....vii	Lloyd Bros. ....ii
California Eclectic College.....xi	Od Chemical Co.....xiii
Chas. N. Crittenton & Co.....x	Pacific Surgical Mfg Co.....xiv
Chicago Pharmacal Co.....vi	Parke, Davis & Co .....Cover 1
Dad Chemical Co.....xiii	Phelan's Addition, Oklahoma City..vi
Davis Magazine .....v	Ralph Sanitarium .....ix
Eclectic Medical College.....ix	Rio Chemical Co.....Cover 2
Ellingwood's Therapeutist Co.....xiii	Southern California Printing Co...xii
Fellows Co. ....Cover 4	Therapeutic Pub. Co.....xii
Globe Mfg. Co .....Cover 2	Westlake Hospital .....iii

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